Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08-3 <u>1-2012</u>	Address;	Westwood Drive
Case #:	<u>PO 12-</u> 11 <u>4D</u>		Mt Vernon, In
County:	Posey		<u>47620</u>
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (Residence Outbuilding Vehicle	check att that apply) The Hotel/Motel Open No Structure Other: Dispatch
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): In <u>I Pot</u>			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>In 1 Pot</u>			
Water Reactive Metal (Lithium): In 1 Pot			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Dispatch	
This repor	t is to be faxed to the following ager	<u>icies that s</u> erve the l	o <u>cation</u> ;
Fire Depart	ment: Mt Vernon	Fax:	
Health Department: Posey County Health Dept		Fax: <u>812-838</u> -8561 Fax:	
Child Prote	etion Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer; G. R. BOYSTER Phone 812-838-8675			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.